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THE CHIRONIAN.

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THE second volume of THE CHIRONIAN approaches completion. During the past year the journal has been forwarded regularly to all our alumni, as well as to many others known to be interested in college matters. This has not been done from any desire to force the journal into notice, or to extort reluctant payment from uninterested readers. On the contrary, this method of procedure was imperatively demanded in order that THE CHIRONIAN should be enabled to completely fulfill its mission. It was not enough to print a certain number of copies containing accounts of college work and progress, but it was essential to so employ these messengers of the press that they should convey to our graduates the latest intelligence respecting their Alma Mater, revive their failing interest, and urge a halting resolution to prompt and concerted action. And so it happens that many who are not subscribers receive the paper regularly. It comes to you not, then, as the precursor of unwelcome bills, but as a modest and unassuming visitor from the scenes of your student days. To those who are indifferent to the journal and decline to aid it in its chosen work we have naught to express save regret that we must press on without them. To those who retain an interest in their Alma Mater and approve the policy of THE CHIRONIAN, we should suggest the propriety of allowing such approval to assume that concreteness which is most conducive of journalistic longevity. In other words, we should be very glad to receive checks from all who have not remitted up to date. There is no money made by any one connected with this journal. On the contrary, unless subscriptions to be received shall balance the scale there will be a deficit. We hope those who intend to pay for THE CHIRONIAN will do so at once in order that our accounts may be closed when the last number goes to press.

DURING the past winter the Legislatures of several States have passed laws making imperative the teaching of Physiology and Hygiene in the public schools. The law also requires that special attention be given to the action and effect of alcohol upon the human system. These laws have been passed in deference to the demands of the temperance people, whose only aim in securing their enactment is to teach the youth of the land the pernicious effects of alcohol and (in some States) tobacco. This is well enough and is advisable on many accounts, provided the instruction be real, based upon facts, conveyed by a teacher of sense and judgment, and not catechismal parrot work, as is too often the case in the perverted and sophistical teaching of fanatics. But there is another reason why the teaching of Physiology and Hygiene in our schools should be encouraged. Sanitary Science is to-day an important branch of medicine. A proper comprehension and application of its laws have saved many populous centres from dreaded epidemics of fatal disease. Now,

it is desirable that the hygienist and physician should find something in the public mind to which they can appeal—some little stock of universally acknowledged truths, which may serve as a foundation for their warnings and predispose towards an intelligent obedience to their recommendations. An elementary knowledge of physiology supplies those ideas of the constitution and mode of action of the living body, and of the nature of health and disease, which enable the physician to satisfactorily impart instruction in Sanitary Science. How difficult it is to teach ignorant men and women the necessity of obedience to the most elementary rules of health, is shown by the recent vaccination riots in Canada and but a short time ago the shameful exhibition of popular ignorance and superstition in the cholera districts in Spain. The want of heartiness of belief in the value of a knowledge of the laws of health and disease and of the foresight and care which this knowledge gives is due to an unavowed and half unconscious undercurrent of opinion that the phenomena of life are not only widely different in their superficial characters and in their practical importance from other natural events, but that they do not follow in that definite order which characterizes the succession of all other occurrences, and the statement of which we call a law of nature. There is nothing to support this notion, for sufficient knowledge has now been acquired of vital phenomena to warrant the assertion that there is absolutely nothing exceptional about these phenomena. It is quite possible to give instruction in elementary physiology in such a manner as not only to confer knowledge, but to excite the nature and to prepare for further advancement. Those who object that a little physiology is a dangerous thing are invited to read the following by an eminent writer: "The saying that a little knowledge is a dangerous thing is to my mind a very dangerous adage. If knowledge is real and genuine I do not believe that it is other than a very valuable possession however infinitesimal its quality may be. Indeed, if a little knowledge is dangerous where is the man who has so much as to be out of danger?"

Theory and Practice.

Some Elementary Points in the Diagnosis of Inflammations of the Kidney.

BY PROF. GEO. M. DILLOW.*

THE lecturer, having remarked at length upon the importance of a knowledge of general chemistry, expert manipulation in urinary testing, and the oftentimes grave significance of minute amounts of albumen, to discover which the employment of the more sensitive tests was considered essential, proceeded as follows:

But I must say again that the albumen should be fully accounted for; for the mere fact of its being in so-called traces—remembering that the term trace is a varying expression depending upon the skillfulness of the tester—is no evidence that your patient has not a grave lesion of the kidney, or at least is not in the earlier stages of a dreaded and fatal disease which can be arrested. Your attentions should be directed to the fact that the symptoms described in the books refer almost exclusively to the fully-developed disease when medical art can intervene too late as a rule for a cure, and very often too late for temporary arrest.

This introduces you to my third point—the indications which should direct to an investigation of the urine. The books lay principal stress upon the pulse of high tension, the hypertrophied heart, apoplexies, disturbances of vision, convulsions, coma, dyspnœa, and other uræmic symptoms, upon dropsy, frequent micturition, the passage of small quantities of urine of high specific gravity, or of large quantities of urine of low specific gravity, and so on. I would by no means belittle these important indications, yet at the same time their absence may blind you into overlooking many cases of renal disease. Simon says that two-thirds of the cases of kidney affections are not detected.

* Part of a lecture delivered before the Hahnemann Institute, of Philadelphia, Pa.

This statement may be and probably is founded on vague generalization approaching exaggeration, and yet it states nearly a truth. Leaving out of present consideration the question of perfunctory testing, the cause of this oversight lies in waiting for these pathognomanic warnings before a thorough examination of the urine is performed. It is surprising to find how often kindey troubles exist without any of them. For example, a gentleman consults me about an indigestion. He says that he has been overworking of late, has eaten irregularly and with haste, has n't slept very well, and has run down generally a little. He thinks he may have a touch of malaria. His pulse is natural ; there is no hypertrophy or lesion of the heart ; no symptoms except such as I have stated. Do you get up in the night to urinate? No. Do you pass more or less urine than usual? The urine passed in the office has about the normal specific gravity for the time of day, and looks very natural. There is apparently no albumen from boiling and acid. Yet, not being satisfied, a specimen of the twenty-four hours is requested. The quantity measured is two pints, f ℥ 32, or 960 cu. c. m.; the sp. gr. is 1.018. Thus the total solids are about forty grammes when they should be from sixty or seventy. Why, then, this reduction of solids when the gentleman was eating with good appetite? Tanrat's test shows a marked albumen translucence ; Heller's method indicates $\frac{1}{100}$ of 1 % of albumen. The microscope shows a few renal epithelia, and three or four hyaline casts on a slide. The diagnosis of chronic interstitial nephritis in this case has been verified by the subsequent observation of a year. Now, this is an example of a class of cases which I often meet. Let me cite another with which I had no connection. A physician, never very strong, had suffered from nervous prostration for two or three years. He awoke one morning about four o'clock and talked with his wife ; they then fell asleep, and when his wife awoke a few hours later he was dead by her side. The autopsy revealed cirrhosis of the kidney, which had never been suspected, and nothing else. Apropos of this case let me cite another.

A gentleman of seventy called me for the first time for the relief of an epigastric pain associated with a good deal of wind in his stomach, which oppressed his breathing. He was sure it was nothing but wind, for he had found relief during the previous year as soon as he could get it up. The symptoms had recurred at intervals during the year, sometimes at night and sometimes during the day. His last attack had frightened him because he had felt so faint and weak with it. A slight flush upon a rather sallow cheek led me to take his temperature, which was 100 F. There was no cough, but increase of respirations to about 28 per minute. The pulse was 80, soft, irregular in force and rhythm. An examination of the chest showed some increase in the area of cardiac dullness, but no abnormal valvular sounds on auscultation—no indications of pericarditis. Over the lower lobe of the right lung posteriorly there was fine crackling crepitation with slight increase of dullness. Questioned about his urine, he said that he thought it had been as usual during the year, but for a day back it had been scanty and dark. No specimen being then obtainable, I directed that it be collected and sent to me. It was extremely high-colored, deposited urates freely, had a sp. gr. of 1.030, but amounted only to 8 f ℥ in the 24 hours, thus containing only about 17 grammes of solids—a diminution altogether too great to be accounted for by light diet. Nitric acid and heat showed no albumen. Heller's contact method was obscure because of the abundance of urates until after clarification with potash it indicated $\frac{1}{100}$ of 1 %—heat alone gave a slight cloudiness—but the microscope showed a field abounding in renal epithelia, some degenerated, and a great number of dark granular hyaline and epithelial casts. A diagnosis of an acute croupous nephritis supervening upon a chronic interstitial nephritis with cardiac hypertrophy, and the first stage of pneumonia, affecting the lower lobe of the right lung, was then formed. The subsequent history of the case was this. There were no new symptoms except steadying of the pulse and disappearance of the epigastric pain, the appearance followed by disappearance of crepitation in the lower left lung, until upon the third day of his

illness he rose to make water, sat upon the side of the bed, and fell back dead. The autopsy revealed a heart weighing 19 oz., with valves and coronary arteries intact. The left ventricle was greatly hypertrophied, but without dilation or fatty degeneration of the muscular fibres. The lower lobe of the right lung was deeply congested and contained exudation; the lower lobe of the left lung was congested without exudation. The stomach revealed chronic catarrh, and the kidneys verified the diagnosis formed from an examination of the urine. Here is another case illustrating my point: A young man of 30, of robust muscular physique, had four or five years ago a malarial fever, according to the diagnosis of his physician. He recovered from this, but had what he called a weak stomach, requiring some care in diet, and showing itself principally in vomiting when he was on his way to business about 3 o'clock in the morning. He indulged excessively in sexual intercourse, until he found that erections began to fail him, when he consulted his physician. The physician, an eminent man, treated him along for spermatorrhœa, without examination of his urine. Getting no better sexually and losing in flesh and spirits, a specimen of urine was requested last January for the purpose of searching for spermatozoa, when it was discovered that the urine was albuminous. He then improved; but in the summer was seized with mild peritonitis. As he was recovering from this, he passed into my hands and during the two months of my treatment he had uræmic convulsions and coma, endo and pericarditis, renal dyspnœa, pleuritis with effusion, pneumonia, two attacks of œdema of the lungs and, again, peritonitis—in fact, ran through about the whole gamut of the interrent inflammations of diffuse interstitial nephritis, yet without a headache or a trace of dropsy. He died suddenly of paralysis of the heart eight months after his disease was discovered and probably several years after it began. I have cited enough cases, gentlemen, to illustrate my point—which is, not to rely upon general indications of nephritis to lead you into an investigation of the urine. You hear a great deal said about the dangers of routine practice. There is one kind of routine which cannot be too strongly counseled—and that is, the routine of painstaking survey of all the organs of your patients, including the kidneys. And if we remember how little subject to pain they are even when profoundly diseased; how insidious and usually gradual is the approach of their affections; how long it may be before their diseases call attention to their existence by secondary implication of other organs and general symptoms, and yet how certainly their disorder is manifested by the fluid they secrete—I trust you will not consider me as claiming more than the facts warrant, if I urge early attention and thorough consideration of urinary facts as of equal importance in practical medicine with those which are usually placed much higher in ordinary estimation. In cases of chronic biliousness in adults passed and passing into middle life and old age—especially in flatulent dyspeptics—in functional and organic disorders of the liver, in diseases of the heart, in nervous disorders, in the acute inflammations especially of adults, as pneumonia pericarditis, even peritonitis, in cancer, especially of the pelvic organs, in people who are suffering from the malarial cachexia, in the so-called "malaria," in the "neurasthenis," in mental disorders, in rheumatism, in the zymotic fevers, and we still might go on enumerating, affections of the kidney, according to my experience, are *very* much more common than is generally suspected, oftentimes as a primary cause, sometimes secondarily, and their discovery has a most important bearing on prognosis and treatment. Even if no disease of the kidney itself is present, the urine will furnish most important data with which to judge other organs, and will give a clue to the nutritive-assimulating and de-assimulating functional astirities of the patient, which the wise physician—if he would be really wise—cannot neglect. Urging then that the urine should be skilfully looked into with test tube, reagents and microscope, I would call attention, as my fourth point, to the estimation of urinary solids. Writers in English, as a rule, lay little stress upon them. They lay down rules of inference from sp. gr., regarding too little the ratio between quantity and sp. gr., which is a

true key with which to unlock many secrets of urinary diagnosis. Quantity considered alone, or sp. gr. alone, is a very unsafe guide. The urine is but water holding in solution certain substances, and sp. gr. goes up or down according to the proportion of water and solids. If water is diminished, the solids remaining the same, the sp. gr., of course, increases, and *vice versa*. And the regular diurnal and accidental variations to which the urinary water especially is subject makes the sp. gr. of a single voiding of uncertain significance. So there can be no safe guide except to ascertain the normal and abnormal adjustment of these varying relations by calculation of the total solids of twenty-four hours which, the quantity and sp. gr. being known, is but the work of a moment. We then have something exact as a basis of comparison instead of a shifting standard of guess work. Let me illustrate: I ask a patient how much water he is passing. He thinks it is about natural. He gives me a sample of his urine, which he may have passed in the morning. I take the sp. gr. and find it about 1021. That is a normal sp. gr., and I infer there is nothing the matter and take no more trouble about it. Yet it has happened within my experience that such a patient may have a glycosuria or a granular kidney, or a large kidney even. I have so often found this to be true that I place no confidence in the reports we read in the journals that the patient's urine was normal, the sp. gr. being so and so, and practically I have learned to disregard sp. gr. as a diagnostic sign unless I know at the same time that it is the sp. gr. of the whole twenty-four hours' urine which the patient has measured. About four years ago I asked for a sample of the twenty-four hours' urine of a gentleman whose weight was over 150 lbs., and who had a hearty appetite. He had had biliary colic, so his physician said, but his urine was normal. The sp. gr. was 1.024—the quantity twenty-four f℥. He was thus excreting about 375 grammes, more than twenty grammes less than a healthy man should. I examined for albumen—there was $\frac{1}{800}$ of 1%, an amount often found when the kidneys are organically intact. Yet, not being satisfied, I hunted carefully for renal epithelia and casts. There were no casts, but a few renal epithelia. Yet I made the diagnosis of chronic interstitial nephritis from the urinary examination alone; as against the dictum of the books that interstitial nephritis has increased quantity of urine with low sp. gr.

A subsequent opportunity affording a physical examination of the chest, the heart was found hypertrophied, the pulse was tense; and a second examination revealed a few hyaline casts in the urine, and the same diminution in solids. I have followed the case since from time to time. Increasing albuminuria, at times decreasing, casts, uræmic symptoms, endocarditis, cerebral hemorrhage, dropsy and steadily diminishing solids have intervened. Yet the urine has never passed beyond f℥ 40, nor below 24.

There is one class of cases in particular in which the total solids are of very great assistance in diagnosis—those cases of nephritis complicating disease of the bladder. I can illustrate best by a case. A gentleman, about sixty years of age, had a stone in the bladder, causing a high grade of cystitis. The urine, as it came to me, was ammoniacal, purulent, the pus melted to a jelly. It was difficult to estimate the amount of albumen which the pus might account for, and it was hopeless to expect to find in such an alkaline urine casts or even renal epithelia, pus, triple phosphates, amorphous phosphates and epithelia, everything being run together into an indistinguishable disintegrated mass. An opinion of a consecutive interstitial nephritis was, however, made from the great diminution of solids. The stone was removed, and he recovered. It was interesting to watch the gradual subsidence of the bladder catarrh and how, as the urine became less alkaline, hyaline casts were discovered. A couple of months after the operation the urine was acid, depositing oxalate of lime aud uric acid. Here is the record: Quantity, f℥ 32; sp. gr, 1.016; total solids, 35.5 grammes; albumen, $\frac{1}{20}$ of 1%; renal epithelia, scanty; hyaline casts, a few. The gentleman was then eating heartily, and should have eliminated 60–70 grammes. The case was followed through for a year and a half, the total solids gradually increasing to normal,

casts, albumen, and renal epithelia gradually lessening and finally disappearing, the health becoming apparently entirely reëstablished. On one Friday I examined his urine and found it apparently normal. On the following Sunday he was seized with angina pectoris and died. An autopsy revealed ossified coronary arteries and kidneys, revealing evidences of the former inflammation, which had left a few depressions from shrinkage upon the cortex. I would not have you infer, gentlemen, that I regard diminution of solids as necessarily indicative of nephritis, or that, under exceptional circumstances, an increase of solids may not obtain in inflammation of the kidney. I have observed only 20 grammes of solid constituents in the 24 hours without nephritis, and as high as 86 grammes with nephritis. In forming an opinion it is necessary to consider the nutrition of the patient—60–70 grammes for the average normal adult with an average appetite, calculating by Haeser's co-efficient of 2⅓—30–40 grammes of the average sick adult on slop diet, are the standards which my experience would verify. The patient passing 20 grammes was living on a few spoonfuls of Murdock's liquid food a day and opium. Her kidneys becoming affected a year later the solids diminished to 14 grammes. The case of the gentleman with nephritis who eliminated 86 grammes was particularly interesting as showing the effect of diet. When first observed the sp. gr. of his urine was 1.020; the total 24 hours' quantity being f ℥ 30, with an elimination of solids amounting to 42 grammes. On milk diet a month later the total quantity was f ℥ 88, sp. gr. 1.008, total solids 49.2 grammes—a month later, on the same diet, the solids were 55 grammes, the micro-chemical examination showing otherwise marked improvement; albumin, for example, having been reduced from 17 to 7 grains per diem—a month later, still on ordinary diet, the solids fell to 6 grammes, the quantity being f ℥ 38 with a sp. gr. of 1.019—a month later the solids to 44 grammes, the albumen increasing. Two months later, on resuming milk diet, the solids increased to 60 grammes—a month later, Nov. 6th, on ordinary diet the quantity was f ℥ 40, sp. gr. 1.016, total solids 45 grammes. On November 24th, having adopted the Salisbury treatment, hot water and meat exclusively, the solids rose to the 86 grammes mentioned, the total quantity of urine being 56 f ℥, with a sp. gr. of 1.022. While upon this diet the solids ranged from 65 grammes upwards—as soon as he resumed ordinary diet again they dropped to 50 grammes, where they remained stationary until he passed from observation shortly after. To sum up roughly in this case, on ordinary diet the solids ranged from 35 to 50 grammes; on milk diet exclusively from 50 to 60 grammes; and on hot water and beef alone from 65 to 85 grammes. I have always observed an increase in solids after changing from ordinary diet to that of milk exclusively.

I have adduced these dry figures to illustrate that in the same patient the sp. gr., total quantity of urine and solids may vary according to diet, and especially the amount of fluid taken; but that as soon as ordinary diet was resumed the total solids invariably diminished markedly below the normal. With the time at my disposal I cannot go into a full consideration of the inferences to be derived from them. But I would lay down a few general facts which my experience has confirmed. After making due allowance for the state of nutrition, I have found that in catarrhal nephritis, that is, nephritis with few or no casts, the estimation of solids enables one to make the differential diagnosis between the acute and chronic forms. Second, that in chronic nephritis they furnish the best gauge for estimating the degree of inflammation, and the amount of organic change which has taken place. Third, that in acute nephritis they serve to indicate the degree of severity of the inflammation. Fourth, that in the course of nephritis they furnish the best guide for judging the progressive or regressive course of the disease. Fifth, that by following them along in severe nephritis they enable us to anticipate grave uræmic seizures and intercurrent inflammations. Sixth, that they assist in forming a differential diagnosis between the so-called functional and congestive albuminurias and true persistent nephritis. Seventh, that they are invaluable in ascertaining nephritis complicating pyelitis and

cystitis. Into the question of the use of the urinary solids in forming an opinion in cases other than nephritis I cannot enter; but will say that I have often found them of so much value that I feel well rewarded for the little pains which their estimation costs.

It follows as a matter of course that if you have determined the urinary solids you have a specimen of the 24 hours' urine to examine. This brings me to my last point, which is the wisdom of requiring a specimen of the 24 hours' urine which has been measured by the patient. There is nothing in a patient's self-observation which is more unreliable than his guesses about his urinary secretion. Statements about quantity are particularly misleading. People have a repugnance to collecting and measuring urine, and if the physician be not unyielding in his demand they will almost invariably put him off with the urine first passed when they get up in the morning. It is from this repugnance that the profession as a rule ask for morning urine. It certainly cannot arise from any other good reason, except it may be when it is wished to satisfy one's mind about uric acid and oxalate of lime. Morning urine—the so-called urinus sanguinis—is highest in sp. gr., most acid, most apt to contain the urates which confuse in testing for albumen and sugar, least apt to contain the microscopic elements from the kidney, and very often—I must repeat the very often—do not contain sugar and albumen, when the urine passed at other times of the day contain a notable, sometimes a large quantity of these abnormal substances. If you must be content with a specimen from a single voiding, require that passed three or four hours after the hearty meal of the day and after the patient has taken exercise, for when the blood is most filled with food products, and the arterial pressure has been raised by exercise, albumen is made to transude into the urine and sugar is most likely to appear. It is better to have a specimen of the 24 hours' urine, however, because in its sediment you will be more certain to find casts and renal epithelia which you know are often very scantily present in grave renal disease, and albumen and sugar which are sometimes curiously intermittent cannot escape attention. The other advantages of a 24 hours' specimen have been alluded to. My last point will appear to you very simple, but I am sure that, simple as it is, it is the one point most often neglected, and, being neglected, often explains the frequent late diagnosis of diabetes and so-called Bright's Disease.

"The Tineæ, or Vegetable Parasitic Diseases of the Skin."

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IT is a rule in diseases of the skin that the cause may be found in some alteration or change in either the blood, the nerves or the tissues themselves. An example of the first order is Eczema in its various phases; of the second, Herpes noster; and of the third, the Neoplasmata.

But there are a class of diseases of the skin which in their etiology and pathology are unique, and exist as a class by themselves, and though distinct from any form of animal life are yet directly connected with the growth of a vegetable fungus. These are known as the Tineæ—this word signifying a *moth* or *woodworm*—and constitute a class of diseases which the microscope in its revelations has disclosed to us to be due to a foreign element in the shape of a plant, which becomes transported to a healthy skin, and grows thereon under conditions favorable to its existence. For it has been found that a certain state of the skin renders susceptibility to the influence and growth of the parasite necessary, and that it is where favorable conditions exist that the plant or fungus, when transferred thereto, grows and fructifies, and thus reproduces itself. Thus it is a fact that in schools not all the children are liable to these diseases, but rather those who present the general and local conditions which are essential. But in all instances these diseases are acquired through contact mediate or immediate, either in first instance by the use in common of towels and brushes, or secondly by actual transfer from skin to skin.

This is why the ordinary ringworm in children is found upon the face, neck and hands, and thus it may be found in three or four children all of the same family—a fact once instanced in our college clinic.

To particularize: We have in general three fungi, the Tricophyton tonsuraus, the Achorion Schönleinii and the Microsporon Furfur; and these constitute the various forms under which all of the Tineæ exist. The first—the Tricophyton tonsuraus—is the most common, and forms a class of three diseases known as the Tricophytina, viz., Tinea Circinata-Tinea Tonsuraus, of which Kerion is a variety, and Tinea Sycosis—Tinea Tarsi is only another phase of the same fungus.

The second, the Achorion Schönleinii is the fungus which is found in Tinea Favosa—a more rare form of disease.

And, lastly, the third variety of fungus, the Microsporon Furfur, is the cause of that well-known condition—Tinea Versicolor.

A word as to nomenclature: This the microscope has revolutionized, for in place of the old names Herpes Circinatus and Herpes Tonsurans, we have, with the discovery of the fungus, Tinea Circinata and Tinea Tonsuraus, commonly known as the ordinary ringworm of the skin and scalp. Then, too, Pityriasis Versicolor has for the same reason been changed to Tinea Versicolor, and so on.

A word as to the fungus itself: The microscopic elements are fourfold, and known as (1) Stroma, (2) Conidia or Spores, (3) Chains of the same—Spores, and (4) Mycelia. The first appears as a fine dust, and evidences an actively growing fungus; the second, as the ordinary seed; Conidia are spores, and Mycelia are rod-shaped, and are really stalks containing spores. One or more of these elements are generally found under the microscope, and their appearance in the field affords absolute proof that the disease under discussion is one of parasitic growth, and as such needs appropriate treatment.

The general appearance of these diseases vary according to the part affected, but as a rule the eruption is always dry and itches very little. Besides, in the characteristic ringworm we have a circle of red, scaly skin inclosing a centre, pale in hue, and quite free from scales and comparatively smooth. It is this special condition which has given Tinea Circinata the name of *ringworm*, and while the centre is healing the disease is being propagated from the circumference, and thus the circles, starting originally from a central point, grow larger and larger. This condition of things is well represented in Tinea Circinata Cruris where the Tricophyton fungus flourishes upon the thighs, for here a line of disease is often seen in full action in advance of the main patch, and separated therefrom by a zone of sound tissue. This was the disease formerly known as Eczema Marginatum, and till the discovery of the fungus, and with the extreme itching accompanying it, was termed Marginate Eczema, from the peculiar appearance just cited. One main point in contradistinction should be noted between the Tineæ, as they exist upon the bare skin, and upon that covered with hair and plentifully supplied with sebaceous follicles. For here we have again the characteristic dry condition, and so the hairs appear dry and twisted, easily breaking off, and as readily removed entire from these follicles. For it is only in complicating Eczema, in a case of long standing, that moisture ever exists upon the skin, or a glutinous discharge upon the scalp is emitted from the sebaceous follicles. This is seen in Tinea Sycosis, or "Barber's itch," where there is often a nodular and pustular condition, due to the irritation of the fungus, and which might lead to an error in diagnosis did not the looseness of the hairs in their follicles and the microscope itself determine the presence of the fungus. Then again, in Tinea Kerion we have an exaggerated condition of Tinea Tonsuraus, and a puffy and honeycombed appearance of the scalp, due to inflammation, sometimes from overtreatment. As to differential diagnosis, this is all-important. While we keep in mind Eczema in its multitudinous forms, and Psoriasis and Pityriasis, which are throughout dry, scaly diseases, we should always be suspicious of scaly patches upon any portion of the body, from the well defined circle inclosing a healthy centre down to any ill-defined, irregularly-shaped in-

definite point of scaly skin. And then the microscope alone will decide the case, particularly where Eczema complicates, and there is moisture and redness and heat and itching; for the presence of the microscopic spore or the minute stroma is ultimate in deciding one as to a true opinion of the case.

And this, in turn, is important, for the prognosis in all the tineæ or vegetable parasitic diseases is good, and a cure can be assured in due time. Not so in Eczema, which, though curable, is obstinate in healing, and subject to relapses.

As to the treatment, though internal remedies are important, still local measures are an essential to complete recovery. Of the former, while we must consider complicating Eczema, and meet it with Rhus, Arsenicum and Sulphur, and other appropriate remedies; still, for the simple conditions of ringworm, Graphites—particularly where the hairy regions are invaded—is, no doubt, our most reliable remedy. Among local measures, the free use of Borax, or Soda Hyposulphite, as lotions —a drachm to ounce of water—are mild in their action and admit of very thorough application; for *a mild parasiticide well rubbed in* is more available than anything sharp that tends to inflame or irritate the skin. Hence all ointments containing Mercury, while they are good, should be used largely diluted, and with discretion. Of much more value is some ointment of Sulphur—a drachm to the ounce—either alone or in combination with Carbolic Acid. But, anyway, the prospects for complete cure are usually good.

In the foregoing paper I have omitted to make mention of Tinea Favosa, old name Porigo Favosa, characterized by the favus crust, occurring mostly upon the scalp, denuding it of hair, and frequently occasioning permanent baldness; but happily one of the more rare forms of this class of diseases. Also of Tinea Versicolor, old name Pityriasis Versicolor, seen mostly upon the trunk of the body and upon its anterior surface, presenting a mapped-out appearance, as it is interspersed with spots of healthy skin, the patches themselves being covered with very fine scales. Though this form of the Tineæ may last off and on for fifteen or twenty years, still its fungus has, of all, the least hold upon the skin, and like the former is susceptible to treatment; for the prognosis in these, as in all the tineæ, is good, and the treatment the same in all respects.

Clinical Remarks on Diphtheria.

BY A. WORRALL PALMER. M.D.

AT first let me state that for the last two years I have been convinced that there is but one reliable diagnostic symptom between Tonsilitis Folliculosa and the disease under consideration. In Diphtheria, if the membrane or exudate be removed ever so carefully with a ring probe, or, what is preferable, a small wad of cotton on a cotton-holder, the underlying surface will become slowly covered with blood, and the exudate is difficult to detach. In Follicular Tonsilitis it is just the contrary. Of course great care must be exercised, especially if the ring probe be used; if not an abrasion of the underlying mucous membrane will be caused by the patient accidentally gagging, or throwing the tonsil forward forcibly against the instrument. Endeavor not to make the patient gag, but if you see this approaching quickly withdraw both tongue depressor and probe, and, waiting a few minutes until the local nervousness has passed over, make another trial.

In the cases diagnosed in this way as Tonsilitis Folliculosa, although the exudation upon the tonsils and pharyngeal wall very closely resembled that of diphtheria, with a temperature ranging from 102½° to 104¼° F., with prostration, almost total loss of appetite, marked dysphagia, induration of the line of the cervical lymphatic glands leading from the tonsil, and in one case delirium; in no instance did the membrane extend to the nose, mouth or larynx, neither was there any subsequent aphoma, complications of the kidney, bladder or the slightest weakness of the heart, though the patients were not under very active treatment either internally or locally.

I must say that during the last two years the number of cases of Diphtheria under my observa-

tion seem to have diminished, and those of Tonsilitis to have increased, while the severity of the former has materially augmented.

The above diagnostic symptom is spoken of at such length, because it is my opinion that although it is probably known by the majority of physicians, they do not think it of sufficient importance to practice it, but prefer "to be on the safe side and call it diphtheria." By so doing they cure a very large percentage of their diphtheritic cases, and *unnecessarily* worry the relatives of the patient by the idea that he has a dangerous disease, while in reality it is merely a short-lived, self-limiting one.

There is one symptom which I have never seen in print, and should like to know if it merely happened in my cases, or had been noticed but not mentioned; *i. e.*, in cases of diphtheritic exudation upon the tonsil and pharynx, where all seemed to be proceeding surely but slowly, suddenly the larynx becomes extensively involved; if, instead of the tonsils, as is usual, remaining in an oval, swollen form they take on a quite smooth, conical shape, with the apex just below the centre, similar to a suppurating tonsil, and this apex is capped, as it were, with an obstinate patch of grayish membrane scarcely a sixteenth of an inch in diameter, can we consider this a precursor of a delayed attack of Laryngeal Diphtheria?

Always in case of genuine Diphtheria, give some alcoholic stimulant. This is said with full consideration, because I believe in avoiding, as far as possible, the prescribing of alcohol, as considerable harm is done by its useless prescription. J. H. Thompson, M.D., in a lecture on Minor Surgery, in our College, a few years ago, remarked that almost half the drunkards were made so by physicians. This, I hope, is not true; still, considerable of the responsibility—or, rather, the irresponsibility—of these poor individuals may be upon our shoulders.

The alcohol seems to retard the inter-molecular change of tissue in the organism, while the diphtheritic poison is passing through the system; for diphtheria is a constitutional, *not* a local, disease—and, therefore, local treatment is of little avail.

Results of Bilious Fever. (2.)

WHILE at the West last spring I stopped at the house of a farmer, who told a pitiful story. Eighteen months previous he recovered from an attack of bilious fever, but had not been able to rally from the effects. Had applied to three physicians but they afforded him no relief. They diagnosed his condition as caused by overdosing of Mercury. At the time of our interview he had been without any treatment for a year and was steadily failing. Fears were entertained by his friends that he was going into a decline. Though being thirsty he could not drink water without serious results, such as vomiting and a diarrhœa lasting several days, from the exhausting effects of which it took him a long time to recover.

He presented other symptoms pointing to an Arsenicum case. On my return East an ounce of Arsenicum, the thirtieth, was mailed to him, but with little hope of its affording him relief, for he was an inveterate smoker, and the powders sent were not protected, even by a bottle, from deteriorating influences. After the lapse of six months he wrote that the medicine had produced a wonderful cure and that he was completely restored to health. His own surprise at such a result was greatly increased by the fact that he was accustomed to large doses.

Tinea Capitis. (1.)

AN infant, aged two months, fat and of fair complexion, having profuse sweats about the head, with constipated, clay-colored stools, was put on Cal. Carb. third to remove the disagreeable condition of the sealp. This was given for several weeks with favorable results, but within a month after discontinuance of the remedy the Tinea Capitis returned. Again the third was administered with similar results, and when the child was six months old its condition was apparently none the better for treatment. Cal. Carb the thirtieth was then sent to the mother, who had gone to the country.

After a time she wrote that the last medicine (which she supposed was identical with that previously used) acted better, and was far more

efficacious than any before given. There was now a rapid and steady improvement in the condition of the child, and at eight months teeth appeared.

The above illustrates the experience of many who are successful with tissue remedies. They give the remedy low until improvement is marked, and then depend on the higher potency for deeper and permanent action.

Athenian Fever Pillows.

WE some time since received from Athens, in Greece, specimens of paper feathers for the pillows of fever patients. They were made by the youngest children in the well-known American Mission Schools, where on certain days, while the older scholars are employed in a variety of useful and ornamental handiwork, as they are being read to from some interesting book, those who are too young to do aught else cut from the white margin of newspapers strips about ten inches long and one inch in width, and roll them lightly between the thumb and finger, till they accumulate enough to fill a case. Pillows made of these paper feathers are clean and very comfortable, and can be so often replenished as to be kept fresh and pure and free from all odor of disease.

If they were introduced into our hospitals here, doubtless there are those who would gladly assist in keeping up a good supply.

In some of our charity institutions where, on account of expense and the difficulty of cleaning and renewing them, feathers and hair are seldom used, what a boon the Athenian pillow would be to those whose aching heads rest uneasily on hard, unyielding straw. Will it not pay to give them a trial?

A LONDON firm has devised a telephone by which persons suffering from contagious disorders may safely communicate with their friends.—*Ex.*

IT is estimated that fully three-fourths of all the morphine manufactured is used for purposes of self-indulgence in the morphine habit.—*Ex.*

Surgery.

Autoplasty by Prof. Wilcox.

ON Friday afternoon last a section of the Senior Class was favored with an opportunity to witness a plastic operation of considerable magnitude by Prof. Sidney F. Wilcox. The students feel very grateful for this rare opportunity, and were much pleased with the skillful manipulations of the professor.

Before beginning the operation, he gave a very interesting and instructive lecture upon plastic operations in general, and then explained the details of the operation he was about to perform. Apropos to the description of the operation, it might be of interest to give a brief synopsis of his remarks.

By plastic surgery is meant the performance of operations for the repair of deficiencies in structure, whether resulting from disease or malformations.

The repair of deficiencies is classed under three divisions, viz., Autoplasty, Heteroplasty and Prothesis.

Autoplasty is where the flap is taken from the same individual.

Heteroplasty is where the portion transplanted is taken from another.

Prothesis is where the part is supplied by some inorganic material.

The operations for autoplasty are divided into five categories.

1st. Comprises all cases where the pieces are borrowed from a distance, but retaining a pedicle for a time.

2d. Successive migrations, by the method of Roux, of a flap from a distance.

3d. When the flaps are taken from the neighborhood by gliding, stretching or lapping over.

4th. All examples of simple approximation, as in case of sutured bones, operations for harelip, vesico-vaginal fistula, etc.

5th. All methods effecting readjustment of completely severed portions.

CASE.—D., aged 30 years, by occupation a cigarmaker. On the 28th of May last he met with a very painful and severe accident. Having

fallen asleep while smoking, his clothes were ignited by fire which fell from his cigar, and the skin from the shoulder to the middle of the forearm was completely burned off. He underwent treatment at St. Mary's Hospital, Hoboken, from the time of the accident until some time in September, and from this time until admitted to the Hahnemann Hospital was under the care of Dr. Rue. The arm gradually became worse, and at the time of operation was in a precarious condition, having ulcerated deeply in several spots, from which oozed considerable blood. The patient was suffering from septicæmia and the operation was undertaken in order, if possible, to save the arm. The preliminaries having been completed the patient was placed on the operating table, and when the anæsthetic influence was complete the assistant cleansed the arm with a solution of corrosive sublimate. The arm was then drawn parallel with the body and Prof. Wilcox dissected up two flaps, one from the front and the other from the side of the chest, long enough to encircle the arm. They were connected with the original site by broad pedicles and united over the arm with figure-of-eight sutures. Thus the arm was fastened to the patient's side, and will be kept there until the flaps have a sufficient union with the arm to permit the division of the pedicle. One button suture was inserted through the pedicles, in order to form a more perfect apposition of the flaps to the arm. The arm was then thoroughly cleansed and sprinkled with Iodoform, and the patient removed.

Resection of the Elbow Joint.

ON February 22, 1886, a section of the senior class was the pleased and instructed witness of this operation. It was performed at the Hahnemann Hospital by Dr. Sidney F. Wilcox, assisted by Drs. Brigham and Fulton.

The patient had long been a victim of bone disease, for he had a cyphosis; and this, with the red and blue sinuses about his partially ankylosed elbow, told the tale of dyscrasia. But the vital force had evidently almost gotten the better in the conflict—for he had rosy cheeks, a clear complexion, and claimed to enjoy excellent general health.

Dr. Fulton placed him under the influence of ether; and Dr. Wilcox, after explaining the object of the operation and saying the incision would necessarily partake of an exploratory nature, began his work by carefully scrubbing the arm and joint with soap and water and then shaving the limb some distance above and below the joint. The shaving, he said, favored asepsis, and would be an advantage when dressing the wound.

Esmarch's bandage having been applied, the forearm was flexed upon the arm and the incision made longitudinally over the olecranon, along its outer aspect, extending for a couple of inches above and below the joint. The incision was afterward extended as became necessary, measuring at the end of the operation about six inches.

Dr. Wilcox carefully dissected off the attachments of the muscles, pointing out to us how at this location they were attached directly to the bones. He explained the mode of separating the muscular attachments by Nicolodoni's method, which consists of putting the soft parts on the stretch and cutting them away from the bone by fine longitudinal incisions, keeping the edge of the knife turned from the soft parts.

The external border of the olecranon and the external condyle of the humerus were first brought into view, and there was very plainly seen a sinus extending clear through the condyle and running diagonally downward, forward and inward. The condyle at the same time was seen to be hypertrophied. This condyle was removed with a saw, and the exploration continued further into the joint. The inner flap was dissected from the olecranon and inner condyle, great care being used to avoid the ulnar nerve, which passes down between the olecranon and internal condyle.

The joint had had but limited motion, and on opening it, the reason, in addition to the contractured muscle externally seen, was very evident, for almost the whole articulating surface, which should have been bright and glistening, was covered with tough, light reddish fibrous substance that had attached the opposing surfaces to each other. This fibrous substance was

removed as thoroughly as possible, and attention given to the internal condyle. This was found diseased, and a portion of it was sawed off only to find disorganized tissue in the end of the shaft, indicating the necessity of removing still more. Dr. Wilcox then decided to remove the extremity of the humerus and make a level cut, which he proceeded to do with the result of finding he had reached good, sound bone.

The head of the radius was found spongy and covered with the fibrous masses ; a portion of it was therefore nipped off with the bone forceps.

The wound had been irrigated several times during the work with bi-chloride of Mercury solution 1 to 2,000, and was now again flooded thoroughly.

The olecranon which the doctor desired to save to assist in the formation of the new joint he hoped to obtain was not molested. The forearm could now be brought into a line with the arm.

Up to this time the operation had been bloodless, because of the Esmarch's bandage, but it was now necessary to remove the bandage and tie any bleeding points. The means for stopping hemorrhage which had been lying close at hand were accordingly brought forward and the bandage gradually loosened. It was found that no vessel of magnitude had been severed, and the six or eight small arteries so numerous about this joint were soon securely ligatured, being first caught up with the forceps.

The doctor had been remarking that he was always very careful with his antiseptics and had had in consequence good results in his operations, but notwithstanding this and the fact that he had in his lectures tried to impress us with the necessity of practicing the rule of "mind your own business" at operations, the impulse to help was so strong in one of the students that he approached his septic index finger rather near a bleeding point in order to call attention to it. The stern, reproving glance of the doctor which he received will be a good lesson for him.

The capillary oozing having been stanched by the use of hot water, and the parts irrigated again, the doctor proceeded to close the wound. He first inserted deep sutures of silver wire, and lead buttons held by perforated shot clamps, then sewed the edges of wound together with whale tendon, using what he calls a "bag stitch" suture, and at the same time inserted two rubber drainage tubes, one on each side of the olecranon. The wound was then covered with many thicknesses of antiseptic gauze and a roller bandage. A covering of rubber sheeting was then put on with rubber cement, and an adjustable splint applied to anterior surface of arm with plaster Paris bandages.

In the course of a lecture on the following day he referred to the case, saying how remarkable it was the patient had not had a rise of temperature, and was in very good condition otherwise. He spoke of the fact of patients doing so well after the use of antiseptics in operations, and especially how well they did after the removal of suppurating parts. He said it was unexplained, but the writer at the risk of being presumptuous would like to call attention to the fact that in suppurative conditions the leucocytes and debris removed from the parts by the absorbents reach the blood and are destroyed and excreted by the blood manufacturing and the excreting organs, notably the spleen, which becomes enlarged and capable of more work. In a case related to us by Prof. St. Clair Smith, that organ reached a weight of many pounds, and samples of the living patient's blood when viewed by aid of a microscope could hardly be distinguished from the discharge from an abscess.

It would seem reasonable to suppose that where the vital force has been sufficiently strong to build up organs to the extent of enabling them to successfully cope with an unnatural amount of effete material and maintain life with perhaps a fair degree of health, this vital force and the strengthened organs would be more than able when the flood of pollution is stopped, to do the same thing with the slight absorption from an antiseptically treated fresh wound in which ample provision has been made for the external exit of the debris. Besides, the removal of the disintegrating tissue must certainly lift a great load from the nervous system by stopping the calls upon it for vital force.

College Notes.

SIXTY-THREE men graduated at the Hahnemannian College last Wednesday.

So near and yet so far—Examinations and the desired diploma.

PROF. HELMUTH has been presented with a cane made from the woodwork of the old Hahnemann College building.

IN the battle of this life "the drying up of a single tear has more of honest fame than shedding seas of gore."

THE schedule of examinations has been posted on the bulletin board and by April 9th we will know whether we have passed the Rubicon or not.

THE next number will contain a brief mention of every graduate of the Class of '86, stating where they intend to locate and giving, in every case where possible, their future address.

PROF. DOWLING attended the Alumni banquet at Philadelphia last Wednesday evening, and responded to the toast, "The Ladies." He was elected one of the Vice-Presidents of the Alumni Association.

FROM the sample sheets of Prof. T. F. Allen's new work, a "Handbook of Homœopathic Materia Medica," one can gain a slight idea of the great amount of labor necessary in its preparation and its value when ultimately completed.

WE wish to announce, and take pleasure in so doing, that the admirable article on "Electricity in Therapeutics," published in our last issue, was from the pen of a member of '88, who modestly declines allowing his name to be made public.

THE *Medical Era's* poet perpetrates the following:

"A Philadelphia man,
An *Index Medicus* man,
A think-it-all-gammon, this talk-of-Buchanan,
Great-medical-centre young man."

AS a result of the competitive examination for the position of Resident Physician to the College Dispensary, our editor on Materia Medica was the successful applicant. Hence the address of O. G. Hunt will remain as New York City for another year at least.

ONE of '85's men, located in the city, has in his possession a most marvelous curiosity, and one which I believe cannot be duplicated in our college history. It is a cushion, which he solemnly affirms was never thrown by friend or foe during the three years it protected his tuber ischii.

SOME of the Juniors claim they have every convenience for the manufacture of a quantity of Cimex Lectularius tinctura. These gentle little creatures are best captured in their native haunts by gaslight, and are commonly called by their plain United States name, *bed bugs*, by the landlady.

SOME author has said that "the grand essentials to human happiness are something to do, something to hope for and something to love." Every medical student should, then, be happy—for he has the first two requirements in his profession and the last is supplied by "the girl he left behind him."

THE Fourteenth Annual exercises of the Hahnemannian Society will be held at the University Club Theatre on Wednesday, April 14th, at 8 P. M. The place selected, the music arranged, and the talent that will address us, all combine to warrant us in predicting that the exercises will be far superior to those of any previous occasion.

WHEN the alleged wits of the land turn their attention to the foibles of the fashionable young lady, she furnishes us an amusing entertainment.

This is what she says to her physician:

"Can't you give me something to take those horrid spots off my face?"

"Why, let them remain," says the M.D. "spots are fashionable."

Lady: "Is that so? Well, give me something then to bring out more spots."

IN no part of our curriculum has there been more method displayed and more effort made to secure accurate and practical instruction than in the treatment of children by members of the Senior Class, under the direction of Prof. Deschere, or his Clinical Assistant, Dr. A. W. Palmer.

Blank reports were furnished, on which the two students having charge of the case record the name, age, sex and date. This is followed by a history of the case to date, including all the necessary symptoms, lines being arranged for recording the morning and evening temperature and pulse and, finally, the remedy found indicated. After being daily submitted for inspection the report, when the case is concluded, becomes the property of the students in charge and forms a more accurate history than one physician in a dozen could find on his case books.

SOME THINGS TO BE REMEMBERED IN MEDICINE AND OUT.

"HOMŒOPATHY, by contrast with modern heroic methods, is just as brilliantly successful to-day as it was fifty or one hundred years ago."

T. F. ALLEN, M.D., LL.D.

"A MAN is in general better pleased when he has a good dinner upon the table than when his wife speaks Greek." SAM. JOHNSON.

"WE can never be good homœopathists if we prescribe for the name of the disease."

MARTIN DESCHERE, M.D.

"THE fanaticisms of yesterday are the reforms of to-day, and will be the glorious victories of to-morrow." FRANCES E. WILLARD.

"THE knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

SAMUEL HAHNEMANN.

'87's Dinner.

THE Class of '87 held their annual dinner at Martinelli's, Fifth avenue, on March 18th, and a most enjoyable time was experienced by all present. The responses to the toasts were spicy and unusually brilliant. After the last course had been cleared away Mr. M. J. Adams, "toast master" of the evening, announced that the first part of the promgramme having been so successfully fulfilled, and the hour becoming late, he would proceed with the second part without further ceremony.

The first toast of the evening was to the Faculty. Responded to by Mr. R. Jenkins in a very able and classical manner.

The second, to the Class of '87, was responded to by Mr. P. R. Watts in a most enthusiastic speech, in which he illustrated the brilliancy of the class as a whole. He was followed by Mr. J. O. Chase, whose remarks in response to the toast to the "Ladies," were pleasing to those present and flattering to the objects of the toast.

Mr. H. S. Carr responded to the class of '86, with suitable and appropriate remarks worthy of the class.

In these he was followed by Mr. J. Bulklyn with a declamation which was pathetically rendered amid showers of applause.

The Diagnosis by Mr. G. B. Best was next to follow, and showed Mr. Best to be a diagnostician of rare ability.

The next was Mr. J. J. Russell's Prognosis, which contained much wit and humor, and the points gained by Mr. Russell on some of the boys will long be remembered.

The last but not least on the programme was the "Class Poem," by Mr. Alfred Thayer, whose ability as a poet cannot be questioned, and the delivery was excellent.

These exercises were followed by President Stewart with a few well chosen remarks, and the music by Mr. Jenkins on the banjo and Mr. Burtis on the piano was highly appreciated.

All present expressed themselves highly pleased, and wait impatiently to be able to attend the dinner in '87.

The End of '86.

THE Class of '86 has listened to its last lecture. Although appearing of as ceaseless flow as Tennyson's Brook, we find that they will not go "on forever," but have really reached an end.

At such a time, although it is not our purpose to deal to any length in dry documentary statements, a few figures may be interesting, and serve to show to our own men and others interested the immense amount of work done during the past year.

Never before has the opportunity for clinical work been so thoroughly improved, and in this manner many a practical lesson has been enforced.

More thoroughly practical work has been done by the Junior and Middle Year Classes than in former years, as will be evidenced by referring to the record below.

About ninety more lectures have been delivered during the course than last year, and nearly twice as many drugs received attention from the chair of Materia Medica than at any previous session. Below we print a complete list, giving each professors name, and opposite the number of lectures delivered or clinics held.

Materia Medica. Prof. Allen	29
" " Prof. Moffat	69
Diseases of Heart and Lungs. Prof. Dowling	40
Clinics in Phys. Diagnosis. Prof. Dowling	14
Ophthalmic Surgery. Prof. Liebold	19
Gynæcology. Prof. McDonald	41
Surgery. Prof. Helmuth	38
Surgical Clinics. Prof. Helmuth	22
Medical Jurisprudence. Prof. Lyon	20
Anatomy. Prof. Doughty	42
" " Blackman	51
Genito-Urinary Clinics. Prof. Doughty	22
Practice. Prof. Smith	33
Chemistry. Prof. Leal	80
Obstetrics. Prof. Danforth	62
Pædology. Prof. Deschere	41
Otology. Prof. Houghton	12
Dermatology. Prof. Arcularius	13
Histology. Prof. White	42
Pathology. " "	43
Laryngology. Prof. Beebe	13
Hygiene. Prof. Wright	8
Physiology. Prof. McDowell	82
Mental Diseases. Prof. Talcott	20
Diseases of the Kidney. Prof. Dillow	21
Orthopædic Surgery. Prof. Wilcox	17
Demonstrations upon Cadaver. Prof. Wilcox	34
Toxicology. Prof. Shelton	7
Pharmaceutics. Prof. Shelton	9
	944

In addition to the above there were given in the laboratory of the college 103 lessons of two hours each in Microscopy, by Prof. Storm White, and ninety-seven lessons of two hours each in Urinary Analysis, by Prof. C. H. Dunning.

Have You Heard

THAT next year Prof. M—— will lecture on two hundred drugs?

That next year the Junior and Middle classes will *assist* (?) in the editorial work of THE CHIRONIAN?

That next year B———x will probably *not* say "ah—ah—Oxcuse me, professair?"

That next year each man will be expected to wear rubber gloves in the amputating room?

That next year none of the professors will advance contradictory views of the same subject?

That next year an annex will be built over the dissecting room to accommodate the rapidly increasing library?

That next year Prof. H——— will say to the man in row 1, No. 1, "Now, sir, can you tell me the difference between congenital and acquired hernia?"

In fact have you heard that next year every Senior will know the chemical formation of "Ant. tart." every middle man the symptoms of "Hydrastis dyspepsia;" and no one ever "guess" in the surgical quiz; that no cushion fights will occur, no glassware be broken, and consequently Frank will never frown?

The above may not all be true, but we sincerely hope that such is the case.

Hospital News.

THERE are five vacancies on the staff of the Ward's Island Homœopathic Hospital, and some of the members of the graduating class are contemplating entering the competitive examination for these positions.

THE position as House Physician to the Hahnemann Hospital will be vacant on April 1st, and a competitive examination will take place shortly after the college examinations are closed.

Also the position of Ambulance Surgeon and Assistant House Physician to the Cumberland Street Hospital, in Brooklyn, will be vacant by April 1st. This makes eight vacancies, which may be filled by as many of our graduates, although graduates from other colleges have the same privilege to compete for the above positions.